

CHECK THE APPROPRIATE BOX:

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> For Profit Company   | <input type="checkbox"/> Local School District        | <input type="checkbox"/> Community-Based Organization |
| <input type="checkbox"/> Non-Profit Organization         | <input type="checkbox"/> Public School Academy        | <input type="checkbox"/> Private School               |
| <input type="checkbox"/> Institution of Higher Education | <input type="checkbox"/> Intermediate School District | <input type="checkbox"/> Faith-Based Organization     |

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**Section 1: Provider Identification**

**Name of Entity :** Learning Dreams, LLC

**Name of Director:** Kori E. Carson Dean, Ed.S.

**Address** P.O. Box 13212 **City** Flint **State** MI **Zip** 48501-3212

**Phone** (810) 422-8013 **Fax** (810) 767-0724 **Email** ld@learning\_dreams.com

**Proposed Location of Services** (if different from above):

**Address** 1806 West Genesee Street **City** Flint **State** MI **Zip** 48504

If different from Director:

**Name of Contact Person** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Fax** \_\_\_\_\_ **Email** \_\_\_\_\_

**Section 2: Provider Geographic Service Area Information**

**1. Our organization can provide services to:**

All local school districts/PSAs in Michigan: Yes ☐ No ☒

To only the following areas: (Please list the counties or local school districts/PSAs you are willing to serve)

Genesee, Wayne, Oakland, Ingham, Saginaw

**2. Proposed Location of Services** – Provide addresses for the locations where you plan to deliver SES services to students:

Site Location #1: 1806 West Genesee Street, Flint MI 48504

Site Location #2: 515 Stevens Street, Flint MI 48502

Site Location #3: \_\_\_\_\_

**3. Transportation** – Provide information about accessibility to public transportation from your site:

Sites are near bus routes; Transportation provided to selected sites

**4. Indicate if you are willing to provide services to eligible students at the school site:**

Yes ☒ No ☐

**Section 3: Provider Academic/Instructional Program Information**

**1. Subject Areas Covered** – List all subject areas you address in working with students:

Reading, Math, Language Arts, Study Skills

Based on the Montessori method and incorporates Wilson Reading System, Saxon Math and

TestEdge programs

**2. Grade Level Able to Serve** – Indicate the grade levels you are able to serve: Pre-K- adults

**3. Time of Services** – Indicate when you deliver services to students:

☐ Before School    ☒ After School    ☒ Weekends    ☒ Summer    ☐ Other \_\_\_\_\_

**4. Mode of Instructional Delivery** – Describe the methods by which your program delivers instruction to students:

☒ Individual Tutoring    ☒ Small Group Instruction    ☐ Large Group Instruction

☐ Online Web-Based    ☐ Other \_\_\_\_\_

**5. Schedule of Services** – Indicate the length of each tutoring session and number of sessions per week:

Length of Session 1hour    Number of Sessions per Week 2-3 X week

**6. Staffing** – Indicate the type(s) of staff that provide instruction to students:

☒ Certified Teachers    ☒ Paraprofessionals    ☐ Volunteers    ☐ Other \_\_\_\_\_

**7. Special Populations Served** – Indicate special populations you are able to serve:

☒ Special Education    ☒ Limited English Proficient    ☐ Other \_\_\_\_\_

**Section 4: Provider Fees**

**Cost/Fee Structure** – Check and complete the cost/fee structure you use:

☒ \$30 per hour per student for 4:1 (student/tutor ratio); \$35 per hour per student for 3:1; \$40/Hr/student for 2:1; \$50/hr for 1:1; \$38/ 45-mins. for 1:1; \$25/ 30-mins. For 1:1

☐ \$ \_\_\_\_\_ (flat fee) for \_\_\_\_\_ (unit of time, e.g., month, semester, year) per student.